

**Creating a Two-Dimensional Art-Based Model of a Personal Space to Decrease Anxiety
and Increase Self-esteem in Women Experiencing Life Transitions**

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Master of Arts in Art Therapy and Counseling (MAATC)

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ALBERTUS MAGNUS COLLEGE

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DATE: May 3, 2024

TO: Amy McNamara
FROM: Albertus Magnus College Institutional Review Board
PROJECT TITLE: Creating a Two-Dimensional Art-Based Model of a Personal Space to Decrease Anxiety and Increase Self-esteem in Women Experiencing Life Transitions
IRB ID Number: 202324-031

SUBMISSION TYPE: Revised
DECISION: Approved
ACTION: COMPLETE

Dear Amy McNamara:

The Albertus Magnus College Institutional Review Board (AMCIRB) by Expedited Review has considered the Revised submission for the project referenced above. Following this review, the AMCIRB has **Approved** this study, from 3/27/2024 to 3/27/2025.

Research activities (including screening, new recruitment, follow-up, and continued participation of enrolled participants) that have been approved may not be conducted beyond the expiration date stated above unless a continuation/renewal is requested and approved by the IRB.

If you have any questions, contact the AMCIRB at irb@albertus.edu. Please include your project title and IRB Project Number in all correspondence with the IRB.

This letter has been electronically signed in accordance with all applicable regulations, and a copy is retained within Albertus Magnus College Institutional Review Board's records.

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Abstract

This research explores the potential for women undergoing life transitions to alleviate anxiety and enhance self-esteem by constructing a two-dimensional art-based representation of their personal space. In line with feminist theory, which posits that women often redefine their priorities, values, and perspectives as they age, this study aims to reveal how self-esteem, when examined through a feminist lens, responds to the historical and pervasive sexism in psychological theories and clinical practices. The Rosenberg Self-esteem Scale (RSES) will gauge self-esteem, acknowledging that women's midlife experiences differ from men's due to social and psychological influences. Midlife transitions for women commonly involve heightened anxiety, measured here using the Current Anxiety Level Measure (CALM). Art therapy, a recognized tool for anxiety reduction in women, offers various interventions, with a notable scarcity of approaches focusing on depicting a personal interior space from a bird's eye view. Synthesizing insights from the literature, constructing a two-dimensional art-based model of a personal space, holds the potential to mitigate anxiety and elevate self-esteem in women navigating life transitions.

**Creating a Two-Dimensional Art-Based Model of a Personal Space to Decrease Anxiety
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Women in midlife go through complex life transitions. They are often overlooked and consequently undervalued by Western culture (Hogan, 2013). During this transition, women manage a host of psychosocial, environmental, and biological changes, often simultaneously (Wiggs, 2010). It is imperative that these changes be acknowledged and anticipated; otherwise, challenges with anxiety and lower self-esteem are often a consequence. It is through recognition of women's midlife stages that the design of supportive processes become essential. Art therapy is an effective way to assist and support women going through tumultuous aspects of midlife. It can mitigate anxiety, bolster self-esteem, and foster self-transcendence (Kim, 2013). Creating a two-dimensional art-based model of a personal space may decrease anxiety and increase self-esteem in women experiencing life transitions.

Self-esteem

Self-esteem is a concept used in psychology without a universal or standardized definition. Kling et al. (1999) defined self-esteem as the level of global regard that one has for the self as a person. In other words, global self-esteem encompasses an evaluation of a person's self from a holistic approach to include the following components: one's self-concept, thoughts, feelings, and behaviors. Self-concept is intimately related to self-esteem and is defined as an individual's thoughts and feelings about themselves (Robins & Trzesniewski, 2005). There are many theories that have been created to understand, cultivate and support the concept of self-esteem for practical application. James (1952), a nineteenth century physiologist, psychologist, and philosopher, focused on an individual's psychological well-being which framed that self-esteem was derived from the accumulation of an individual's experiences where one's expectation for an outcome was exceeded. In other words, this author believed that self-esteem was created when an individual felt they were successful in reaching their goals. The key

theorists that built upon James's original work include Abraham Maslow (1943/1948), Carl Rogers (1967), Stanley Coopersmith (1967), and several feminist theorists (Dillon, 1992; Everett, Marks, & Clarke-Mitchell, 2016; Gilligan, 1982; Sanford & Donovan, 1985).

Maslow (1943/1948) constructed a theory called the *hierarchy of needs*. This theorist believed certain needs like safety, love/belonging, self-esteem, and self-actualization were universal for all human beings and necessary for survival and quality of life. Maslow organized these needs in a hierarchy of ascending importance as follows: physiological basic needs, need for security and safety, need for love and belonging, self-esteem, and self-actualization. According to Maslow (1943/1948), the hierarchy of needs is sequential, and an individual can only move on to the next higher level once they have fulfilled the goal of a preceding lower level (p. 394).

Near the top of the hierarchical order of needs, the human need for self-esteem is a desire for a stable and solid sense of self-worth, which includes self-respect and the respect of others. Self-esteem is built upon accomplishments, capabilities, and the admiration of others. These needs can be categorized into two subsets: the pursuit of personal achievement and the pursuit of a good reputation (Maslow, 1943/1948). The fulfillment of the self-esteem need results in feelings of self-assuredness and a sense of being useful in the world. However, when achieving this need is blocked, it can lead to feelings of inferiority, leading to either a fundamental sense of discouragement or the development of neurotic behaviors (Maslow, 1943, p.380).

Rogers (1967) believed that self-esteem could be observed through the relationship between one's ideal self and their self-image. Rogers brought a relational aspect to the concept of self-esteem placing great value on the giving of unconditional regard to others as a self-esteem-building practice, in which empathy played a key role in the process. For example, trying to

understand an individual's viewpoint and challenges is important when offering unconditional positive regard and support. This act helps build the self-esteem of others and the individual offering it.

Coopersmith (1967) was instrumental in developing the concept of self-esteem through evaluation measures for children and adults. This author defined self-esteem as an individual's attitude toward oneself in terms of perceived talent, level of success, and that one's life had meaning and purpose. Further, the definition of self-esteem included both positive and negative viewpoints of the self and an understanding of self-esteem as an expression of how one truly felt about oneself. Alternatively, Rosenberg (1965) observed self-esteem as an individual's response towards another, themselves, an object, or an event. The individual's response was suggested to reflect the positive or negative attitude they held about themselves. For example, an individual with high self-esteem and an individual with low self-esteem will respond differently to the same input.

A feminist theory perspective adds valuable and often overlooked facets to the concept of self-esteem. It builds on the Rogerian (1967) theory of positive unconditional regard and empathy in contrast to patriarchal systems that are built upon traditional theories, which often focus on rules, rights, and consequences. The feminist perspective sees self-esteem as gendered; whereas self-esteem possesses more masculine traits and self-respect relates to feminine characteristics. In the context of most seminal theories, self-esteem viewed through the feminist lens is a response to the historic and pervasive sexism in psychological theory of clinical practice (Dillon, 1992).

All theories of self-esteem seem to isolate self-esteem as its own entity; however, feminist theory states self-esteem is relational, where there is reciprocity of giving and receiving.

Instead of trying to isolate self-esteem, feminist theory includes it holistically. For instance, the ethics of care, developed by Gilligan (1982), placed importance on the empathetic response to the needs and vulnerabilities of others, particularly in the context of personal relationships and caregiving. Dillon (1992) stated the core of these ethics of care be framed as “I am, in and of myself, worthy of my own care and of the care of others, that it is morally appropriate for me to care for myself, indeed that I sometimes ought to care for myself” (p.62). A feminist theory of self-esteem reminds us to stay grounded and mindful of our wants and desires as they relate to the importance of self-care and self-love, as well as how relational self-esteem can be when viewed holistically, with a strong need for reciprocity.

Measuring Self-Esteem

Measuring self-esteem can be valuable in establishing best practices for optimal mental and emotional health (Orth et al., 2010). To date, there are over 200 self-esteem measures illuminating the value of this construct in mental health (Kling et al., 1999; Sheff & Fearon, 2004). Different measures offer diverse ways to understand and gain different perspectives on self-esteem in individuals: culturally, personally, professionally, extrinsically, and intrinsically. Donnellan et al. (2015) stated that self-esteem, being a subjective concept, is typically evaluated using self-report scales. Nonetheless, it is noteworthy that most of these measurement tools are used infrequently, and the predominant research literature in well-established journals relies heavily on a limited set of commonly used assessment instruments such as the Rosenberg Self-esteem Scale (RSES), the Coopersmith Self-esteem Inventory (CSEI), and The Single-Item Self-Esteem Scale (SISE).

Rosenberg (1965) pioneered the use of self-esteem questionnaires in research that measured attitudes about oneself and is a widely used self-report instrument designed to assess

an individual's self-esteem or self-worth (as cited in Sinclair et al., 2010). In essence, the RSES aims to capture an individual's overall evaluation of their self-concept and self-regard, making it a valuable tool for assessing self-esteem. The CSEI's evaluation criteria accommodates children as well as adults. Hosogi (2012) stated that Coopersmith created sets of 58 criteria for children and 50 criteria for adults. Coopersmith (1967) also clarified how healthy self-esteem is created by using CSEI to gauge self-esteem across various dimensions. Lastly, the SISE is a very concise self-report measure used to assess an individual's self-esteem. It consists of just one item focused on the respondent's level of agreement with the statement "I have high self-esteem" (Robins, et al., 2001). Although it is only one item, it has similar predictability to the RSES and is recommended for research situations that call for brevity.

Self-esteem scales and measures can provide valuable insights into an individual's self-esteem. Of the self-esteem theorists who explored how self-esteem shows up as a key focus in developmental stages, many suggested self-esteem as an integral component in individuals' feeling well adjusted. Specifically, midlife can be viewed as a significant stage in a human being's development, where perceptions of self-esteem may shift in response to psychosocial, environmental, and biological changes.

Self-Esteem and Life Stage Theories

Self-esteem develops as a trajectory across the lifespan, generally increasing in adulthood and decreasing towards old age (Orth et al., 2010). Understanding the influence of significant life events in the context of life stage theory may help clarify self-esteem's evolution throughout the lifecycle. For women, the middle age period of adult development may be a challenging time to maintain healthy levels of self-esteem (Wiggs, 2010).

The Eight Stages of Development

Erik Erikson (1959) developed the eight stages of development associating each state with a specific psychosocial conflict or crisis. Erikson (1959) emphasized identity development as an ongoing process and explored how these conflicts or crises shape an individual's identity and development throughout the lifespan. Of note, the *generativity vs. stagnation* stage occurs during middle adulthood. The concept of generativity involves contributing to society, nurturing future generations, and finding meaningful ways to positively affect one's community and the world. This theorist contrasted generativity with stagnation, which refers to a sense of inactivity, unfulfillment, and a lack of personal growth during this stage of life. Of important note, according to Erikson, is how cultural and societal expectations impacted identity development and how individuals must reconcile their personal identity with these external influences. While the identity crisis is most prominent during adolescence and young adulthood, individuals may revisit questions of identity at different points in their lives. Erikson believed it to be imperative for identity concerns to be addressed for overall psychological well-being.

Levinson's Seasons of a Man's Life

Levinson (1978) focused particularly on the adult years extending Erikson's work by providing a more detailed and specific framework for adult development (Wastell, 1996). Levinson's model, *Seasons of a Man's Life*, divided adulthood into seven stages and included the early adult transition (17-22 years), entering the adult world (22-28 years), age 30 transition (28-33 years), settling down (33-40 years), midlife transition (40-45 years), entering middle adulthood (45-50 years), and late adulthood (60+ years). Levinson (1978) described the midlife transition as a time of re-evaluation and referred to it as a midlife crisis during which the main task is for people to question their life choices and seek new directions. Additionally, the other midlife stage of entering middle adulthood (45-50 years) involved a period of adjustment to

choices made during the previous stage and it is through this stage people often become more comfortable with their life direction; finding new ways to express themselves (1978). In this model, Levinson emphasized the significance of this period in the overall process of adult development, highlighting the potential for simultaneous self-discovery and personal growth.

Several authors were critiques of Erikson's model of adult development, including Edelstein (1997) who suggested the second stage of adulthood: generativity vs. stagnation limited women to a caretaking role and did not account for other roles a woman might hold. Moreover, having a single psychosocial crisis in middle adulthood was more suited to the experience of a man (Edelstein, 1997). Around the same time, Wastell (1996) asserted:

[Erikson's] theory is dominated by a male Eurocentric perspective with emphasis on the emergence of the individual and the task of achieving "autonomy." Feminist critics assert in Erikson's theory, the male is seen as the model of normal development. The emphasis on separation and autonomy are characteristic of men in Western society. Women need to be connected and to be able to develop and maintain relationships.

(p. 576)

Feminist theorists offer a perspective that centers on the consideration of gender and the unique lived experiences of women to aid in understanding the complexities of adult development.

Feminist Theory of Adult Development

Feminist theory of adult development focuses on the multi-faceted experience of women and their need to feel connected for healthy development to occur. Conarton and Kreger-Silverman's (1988) development theory consisted of a series of eight stages: bonding, orientation to others, cultural adaptation, awakening and separation, development of the feminine, empowerment, spiritual development, and integration. This model focused on the viewpoint of

the individual undergoing changes and transitions and is quite different from Erikson's and Levinson's psychological theories which prioritize linear and hierarchical approaches.

Within this theory, bonding was described as the central symbiotic relationship between the child and the mother. For female children this is an entry into nurturing roles. Orientation to others focused on connectedness through caring for others where balance with one's self-nurturance is central. Cultural adaptation can be identified as the phase when women become "pseudo-men" to adapt the demands of society and cultural roles. Awakening and separation can be a tumultuous phase at which time women express themselves in a way that patriarchal culture deems threatening. For example, rejection of traditional roles in caretaking and self-sacrifice to others.

According to Conarton and Kreger-Silverman's, the development of the authentic feminine emerges through societal and cultural rejection of traditional roles. When the energy that was used to fulfill the traditional roles is freed, there is now energy for deeper exploration of a woman's authentic personal needs and values. This stage asks for one to hold presence to all that has come to pass including previous roles that may have been consciously and unconsciously chosen. It can be filled with much grief as well as feelings of anxiety and guilt over the loss of a known role. Empowerment comes when women trust their own intuition and judgment as a reliable source of navigation. Spiritual development involves an organic process where the woman's naïve self is forgiven through self-reflection and often involves somatic therapeutic work. Through complex and intricate processes, the woman continues to deepen her connection to herself and her own knowing. The final phase of integration may compel the individual, who has traversed through these eight phases, to share, teach, and heal others with acquired wisdom. In this phase, women are simultaneously oriented outward and inward (1988).

Midlife and Transitions

Midlife is an ambiguous phase where one's chronological age does not appear to be a distinct marker. Lachman (2002) stated the exact age boundaries of midlife, typically considered from around 40 to 60, are open to interpretation and vary with current age and historical context; although it is distinctly a period where individuals are seeking balance within themselves in respect to their past, their future, and with their varying identities within society, work, and family (p.5). Multiple roles such as responsibilities to life partners, children, aging parents, career, and community shape the midlife experience for each individual (Moen & Wethington, 1999; Reid & Willis, 1999). It has been suggested that developmental stages of adulthood are different for women, and according to Gilligan's (1982) landmark theory of an adult woman's development, while both men and women share some similarities in life development, they are distinctly different.

Wiggs (2010) described midlife for women as a complex life stage and that in Western culture it is often seen through a negative lens, but for many women, it can be a time of growth, empowerment, positive change, and self-transcendence. Self-transcendence is an ability to look beyond oneself to make meaning; gaining a wider perspective that often includes the realization or deepened understanding of the interconnection between life's events and each other (Frankl, 1959; Jung, 1933). Wiggs (2010) defined self-transcendence as an ability to look beyond oneself to make meaning; gaining a wider perspective that often includes the realization or deepened understanding of the interconnection between life's events and each other. This change in perception can offer a new sense of control.

Jung (1933) held a strong interest regarding the second half of life and believed that assigning personal meaning and re-evaluating beliefs in response to these complex events is a

way to connect to one's inner being. Jung further defined midlife as a transitional stage where we learn how to age:

We cannot live the afternoon of life according to the program of life's morning; for what was great in the morning will be little at evening, and what in the morning was true will at evening have become a lie. (p. 108)

As people age and move through the midlife stage of life, they often change their priorities, values, and perspectives.

Stewart, Marchiano, and Lee (2020) stated as midlife approaches, individuals may start feeling unfulfilled despite outward achievements. This midlife unrest and dissatisfaction can lead to dramatic lifestyle changes. Midlife is a time that may be an opportunity to adjust to and negotiate new challenges to learn how to enter the second half of life, to find a balance between worldly success and inner fulfillment (Jung, 1933; Stewart et al., 2020; Wiggs, 2010).

From a feminist theory perspective, women's midlife experience will be different from that of men due to social and psychological factors. Several key aspects women tend to experience during midlife include social expectations, relationship changes, career and financial concerns, caregiving responsibilities, self-expression, self-discovery, and hormonal and health changes (Gilligan, 1982; Pickard, 2023; Walby, 2003). Hogan et al. (2013) supported the use of a critical lens theory within the field of psychology so as not to further oppress women with misogynistic values that are deeply rooted in the history of psychology. Hogan asserts we understand how things work better, we see that women's reactions are not wrong or strange, but appropriate responses (2013). The authors bring attention to a culture that often discriminates against women in several ways, and encourages the consideration of how this affects the mental

health of women overall. Life transitions in midlife can cause anxiety, and symptoms can be compounded if an individual is living in a culture that is oppressive to them.

Anxiety

Anxiety refers to a feeling of worry, nervousness, or unease about something with an uncertain outcome. The National Institute of Mental Health (2020) states it is a natural reaction to stress and can be a helpful mechanism that prompts us to act in challenging situations. When anxiety becomes excessive or prolonged, it can interfere with daily life and lead to significant distress. Anxiety is an internal experience and is a stress reaction which can involve a persistent feeling of apprehension that does not go away. It can also interfere with daily life especially when it is constant, even when there is no present threat. Abbing, et al. (2019) defined anxiety as:

...consisting of physiological, emotional, and cognitive aspects, and arises from specific, personal characteristics combined with genetic, neurobiological, and social factors, including hypersensitivity to stress and the tendency to experience strong negative emotions (nervousness, sadness, anger). (p. 2)

Anxiety is a common human experience and understanding anxiety is essential in addressing and managing it. Several psychological theories have been proposed to explain the nature and causes of anxiety providing different perspectives on how anxiety develops and is maintained. The key theories about anxiety are grounded in psychoanalytic, behavioral, cognitive, physiological, and interpersonal psychology paradigms.

Psychoanalytic theory suggests anxiety can be an everyday occurrence and arises from unconscious conflicts between various parts of the mind. In this theory, anxiety is viewed as a signal that these conflicts exist, and it can manifest in diverse ways, such as through defense

mechanisms like repression, projection, and displacement (Colovic et al., 2016; Strongman, 1995). Behavioral theories of anxiety propose that anxiety is learned through experiences and one's response can be adjusted once the trigger is understood. An example of learned behavior is developing a fear of dogs after a traumatic encounter with a dog. Avoidance behaviors can be reinforced because they reduce anxiety, making the avoidance behavior more likely to be repeated (Strongman, 1995). The cognitive model of anxiety proposes that anxiety stems from a perception of threat without the availability of sufficient resources to cope. Consequently, the cognitive model focuses on how individuals appraise situations, evaluate risk, consider their available resources, and formulate coping responses as integral components in understanding anxiety disorders (Sokol & Fox, 2019). Physiological theories are based on how the central nervous system can influence and affect an individual's experience of anxiety (Strongman, 1995). Lastly, interpersonal theories of anxiety suggest that anxiety can be rooted in dysfunctional social interactions and relationships. For example, attachment theory posits that early relationships with caregivers can influence an individual's ability to manage anxiety and emotional regulation (Chorpita & Barlow, 2018). A combination of factors, including biological, psychological, and environmental elements likely influence anxiety; however, the specific cause and expression of anxiety can vary from person to person.

Measuring Anxiety

Several measures and assessment tools are used in psychology and clinical practice to assess and measure anxiety. Commonly used anxiety measures include the Generalized Anxiety Disorder 7 (GAD-7), Current Anxiety Level Measure (CALM), the Beck Anxiety Inventory (BAI), and the State-Trait Anxiety Inventory (STAI). The GAD-7 is a widely used self-report questionnaire that assesses the severity of generalized anxiety disorder symptoms (Spitzer et al.,

2006). The CALM is a limited evidence-based assessment that effectively assesses state anxiety levels before and after brief activity-based treatments (Marris et al., 2017). The BAI is a self-report assessment tool developed to evaluate the severity of anxiety symptoms in adults and adolescents (Julian, 2011) and serves as a comprehensive tool to capture the breadth and depth of anxiety symptoms in individuals. The STAI is a self-report questionnaire that assesses both state anxiety (temporary and situational) and trait anxiety (general and long lasting). It is widely used in research and clinical settings (Julian, 2011) as it plays a pivotal role in understanding and evaluating anxiety-related factors in individuals. These commonly used anxiety assessments are helpful in understanding the degree of anxiety being experienced and in determining what art therapy intervention might be best suited for a client experiencing anxiety symptoms.

Art Therapy, Anxiety, and Self-esteem

Art is a powerful communication tool that is widely accepted to have the capacity to express thoughts and feelings where often words fall short, and can be helpful to all people to explore a wide range of psychotherapeutic topics (Malchiodi, 2011). Art therapy is a mental health profession that enriches the lives of individuals, families, communities through active art making, creative process, applied psychological theory, and human experience within a psychotherapeutic relationship (American Art Therapy Association, 2024) and has been suggested to be an effective intervention in reducing anxiety (Abbing et al., 2019; Kim, 2013).

Art therapy is a broad and inclusive field that offers a multitude of approaches and applications within its practice and can be a vehicle for posttraumatic growth and self-transcendence in middle adulthood, and group art therapy, in particular, can be adaptable to many populations. Specifically, Reynolds, Lim, and Prior (2008) found in their group art therapy intervention that the narratives of older women revealed a complex journey toward better mental

health while experiencing marital breakdown and depression. The authors noted therapeutic art making was not a standalone experience, but rather significant and something the group members integrated within themselves. This particular study suggested that even brief experiences of therapeutic art making can hold significance in women's life stories many years later. Waller (2011) supported the uses of group art therapy as a flexible model that allows members to relate to others in a safe environment, one in which a lack of verbal ability need not be a drawback (as cited in Malchiodi, 2002, p. 324). Therefore, art therapy in affinity groups of women going through life transitions creates community, connection, general well-being, and helps to fight feelings of isolation (Fenner & Mohamad, 2019; Hogan, 2013; Reynolds, 2008).

Art therapy is also flexible in its application towards building self-esteem. Kim (2013) stated art therapy can help to create community when done within a group setting in a safe environment, and the act of creating art alongside peers and having discussions within the group can bolster positive regard and self-esteem (p.163). It has also been suggested that art therapy can facilitate personal growth and a positive outlook on the aging process (Councill, 2011; Gladding & Newsome, 2011; Safran, 2011). Hogan, (2013) stated that nervous and physical disorders in women could be a form of protest to actively express what is going on within them psychologically. The authors recommend art therapy as a process for women to express and explore what is deemed unacceptable in the culture as an alternate avenue for expression. Abbing et al. (2013) found that treatment with anthroposophic art therapy produced a significant reduction in anxiety symptoms and an increase in quality of life most notably in the women with the most severe anxiety symptoms. Research supports the efficacy of art therapy in reducing anxiety among women and provides a valuable means of expressing and exploring the inner psychological experiences that are unique to women.

Art Interventions

There are a multitude of art interventions within the field of art therapy, but very few that focus on the drawing of a personal interior space from a bird's eye view. Some examples include Iverson (2023) who found creating a personal space was linked to increasing self-esteem and in relieving anxiety symptoms. Additionally, Hanes (2023) found the symbolism of the house was lacking research in art therapy and suggested there has been an emerging pattern over the last century in which the house symbol is representative of an unconscious path to human consciousness and a person's identity or sense of self.

Furthermore, map making (Iverson, 2023), Family Landscapes (Arrington, 2001), art making with guided imagery and application of the feng shui bagua have been suggested to help to inform the development of drawing a bird's eye view of a personal space. In particular, Iverson (2023) developed the intervention “(C)Art Therapy: Sketch map-making,” a process of mapping to discover the role that a sense of place holds in an individual's life experience (p.1). The author, although not an art therapist, stated one key insight from their research on map-making was that the process of mapping supported an expressive and emotional process for the participants while also producing insight and empowerment for them. Iverson further noted that giving participants the opportunity for planning input also signaled that their opinions mattered. Where map making offers opportunity to explore a personal sense of place, the house symbol seems to hold significant potential in illustrating aspects of an individual's self-identity.

Arrington 's (2001) Family Landscapes Directive (FLD), a tool for understanding family dynamics, combines the power of guided imagery with an art process utilizing rice paper or soft papers alongside colored pencils and watercolors to explore boundary issues and compassion among family members. Hoshino (2001) stated the assessment involves clients recalling and

drawing symbolic landscapes representing their psychological space, considering family dynamics, significant events, and emotional closeness. This author further suggested the FLD can aid in exploring feelings, defense mechanisms, and insights into the family system.

Feng Shui is an ancient Chinese practice that focuses on harmonizing individuals with their environments. Collins (1996) described, in the practice of Feng Shui, the bagua is a foundational tool that is used to map out living and workspaces and to locate corresponding areas to the specific trigrams of the bagua (p. 61). Feng Shui, the Chinese art of placement, is a term that translates to wind and water and is over 3000 year old (Collins, 1996). Each trigram of the bagua relates to a specific area of life. Wu (2019) wrote about the feng shui bagua as being formed by eight trigram groups based on the drawings of the ancient Chinese emperor Fu Xi 6000 years ago in the Book of Changes or I Ching. The bagua can further be applied to a floorplan of a building. Kingston (1999) described the application of the bagua to a floor plan as: getting a sheet of ordinary paper and sketching the plans of your building- just an outline showing all the wall and doorways from a bird's-eye view. Next, turn the sheet of paper until the front entrance to your house, apartment or room is parallel to the lower edge of the sheet, as if you are facing towards it to step inside. The front entrance, or entrance of chi/ energy determines how to place the bagua. The next step is to locate the center of your space, simply draw diagonal line from each of the corner stores determine the center point of the bagua. (p.55)

The ancient art of Feng Shui is a complex and nuanced practice that helps to promote balance, well-being, and positive energy flow using many tools such as the bagua.

Summary

The desire to have and maintain emotional well-being in the face of crisis is the impetus for the self-transcendence process. Self-transcendence occurs over a series of steps including reaching out, introspection, and meaning making; and usually occurs in conjunct with life crises (Frankl, 1959; Jung, 1933; Wiggs, 2010). Some women may find the mid stage of life to be a time of growth, empowerment, and positive change, while others may face significant biopsychosocial challenges. It is important to note that not all women will experience midlife transitions in the same way and individual experiences can vary widely. Furthermore, art therapy is a generative process that can assist in self-transcendence (Kim, 2013) and can effectively reduce symptoms of anxiety supporting connectedness to others and increasing overall well-being (Fenner & Mohamad, 2019; Hogan, 2013; Reynolds, 2008). Wiggs (2010) found that literature is sparse regarding the lived experiences of women in relationship to how they view their inner being. The author noted a gap in literature about self-transcendence particularly during the time between menopause and “old age,” as well as how art making may be beneficial during this life stage.

Research is needed to explore whether creativity enhances meaning making in the lived experiences of women who are in midlife. It is suggested that drawing a map of a personal and meaningful space from the perspective of a bird’s-eye-view within an affinity group will be helpful in decreasing anxiety and increasing self-esteem in women experiencing mid-life transitions. Therefore, this current study aims to explore if the inclusion of a bagua map overlay on a self-created map of one’s living or workspace will effectively support a woman in midlife who may be going through a significant life transition. The participants in both conditions of art making are predicted to experience a reduction in state anxiety and to show improved self-esteem. However, it is hypothesized that those who include the bagua overlay, after creating a

two-dimensional model of a personal space, will exhibit scores that show a significantly greater reduction in anxiety and a greater increase in self-esteem when compared to those who do not include the bagua overlay with their self-created map.

Participants

A total of 33 women between the ages of 37 and 58 who are experiencing a life transition were recruited for this study. Dare (2011) identified four key midlife transitions in their research: menopause, children moving out, change in intimate relationships, and aging parents/death of parent. For the purpose of broadening Dare's list, participants for this research study may also be experiencing career changes, perceived personal development, or self-identified transitions. Recruitment occurred through a multi-faceted approach including outreach to women's groups associated with various community organizations such as the local art community, and parenting groups. Collaborative efforts were made to recruit a diverse sample using social media platforms, including Facebook and Instagram, flyers (Appendix H) placed in town forums, local affinity groups, and through social media postings to attract women who meet the study's criteria.

Instruments and Survey Items

Demographic information from participants was collected through a self-report form (Appendix C). Questions were asked about the participants' age, race, ethnicity, education level, employment status, housing status, number of years at their current address, marriage status, number of children, and perceived life transition.

Rosenberg Self-Esteem Scale (RSES)

A widely used self-report self-esteem scale, known as the Rosenberg Self-Esteem Scale (RSES) (Rosenberg, 1965), was utilized to assess participants' levels of self-esteem/self-worth.

The RSES consists of ten items, each measuring the respondent's feelings of self-worth and self-acceptance. For example, one item states, "I feel that I have a number of good qualities."

Participants were asked to rate their agreement with each statement on a 4-point Likert-type scale, ranging from Strongly Disagree (1) to Strongly Agree (4). A total score on the RSES is calculated by summing the responses to the ten items, with a range of 10 to 40, with higher scores indicative of higher levels of perceived self-esteem. In essence, the RSES aims to capture an individual's overall evaluation of their self-concept and self-regard, making it a valuable tool for assessing self-esteem in various research contexts.

The RSES has been found to demonstrate strong reliability, with a Cronbach's alpha coefficient of .91, as reported by Sinclair et al. (2010, p.72). Furthermore, the RSES exhibits strong construct validity through its associations with other relevant measures, such as the sub-scores of the Depression, Anxiety, and Stress Scales (DASS-21). Specifically, the RSES has been found to be positively correlated with the Depression ($r = .62, p < .01$), the Anxiety ($r = .47, p < .01$), and the Stress ($r = .52, p < .01$) sub-scores. Additionally, the RSES has displayed positive associations with the SF-8 Physical Component Summary (PCS; $r = .24, p < .01$) and Mental Component Summary (MCS; $r = .51, p < .01$) measures. The RSES is clearly a robust instrument for assessing self-esteem in the context of the present study.

Current Anxiety Level Measure (CALM)

The Current Anxiety Level Measure (CALM) was developed to assess state anxiety levels before and after brief activity-based treatments and for affordability (Marris et al., 2017). Marris et al. (2017) states that 13 well-known and established assessments were used to develop the CALM. The CALM consists of 16 statements corresponding to feelings of anxiety. Each item on the CALM is rated using a 5-point Likert-type scale, allowing respondents to

indicate the extent to which a statement reflects their own experience. The response range is from "Not at all" (0) to "extremely" (4). A total score is calculated by summing the responses to the 16 items, with a range of 0 to 64. Higher scores on the CALM signify a greater severity of current anxiety symptoms. The CALM has demonstrated to have strong concurrent validity when compared to the State-Trait Anxiety Inventory scale, ($r = .90, p < .001$), as well as solid test-retest reliability ($r = .702, p < .001$; Marris et al, 2017). The CALM is a valuable tool for assessing and quantifying anxiety symptomatology in the present moment in research and clinical contexts due to its brevity, reliability, and freedom of cost.

Materials

The materials utilized in this study were selected to facilitate various levels of the art making process for both conditions. All participants were provided with two Blick® 2B pencils, one Pink Pet® eraser, one (fine) black Sharpie® marker, and washi tape to limit any damage from securing the artwork to a surface, as well as one 9 in. x 12 in. (22.86 cm x 30.48 cm) sheet of sketch paper from Bee®, and one 4in. x 6 in. (10.2 cm x 15.2 cm) blank index card. The experimental group received one 9 in. x 12 in. (22.86 cm x 30.48 cm) sheet of Blick® Studio Tracing Paper. A handheld pencil sharpener was available for the group.

Procedure

After IRB approval, participants were recruited through a combination of methods, including email solicitations, social media announcements, and paper fliers distributed within academic and community settings. The study was conducted in a private classroom setting on a local college campus or another convenient location that provides privacy and confidentiality such as a library study room or art studio space. Each study session was run with three to five

participants. The first three participants were randomized into the control or experimental group based on a coin toss with subsequent groups of three placed in the alternating condition.

Participant groups in both conditions were invited into the classroom where they received two copies of the informed consent (appendix A) and image release form (Appendix B) with one signed and returned to the researcher and the other copy retained for their personal records. Participants were provided with a demographic form (appendix C) to complete along with pre-measures administered in the following order: the RSES; CALM. To ensure confidentiality, number codes were assigned to each participant and all signed documents were stored in a folder, separated from the other study materials. All study materials were kept in a locked filing cabinet when not being reviewed by the researcher.

Both control and experimental group participants received a guided imagery exercise (Appendix F) created by the investigator to elicit personal space awareness and were tasked to draw a bird's eye view of the personal space imagined during the guided exercise. Once drawn, the experimental group received the additional piece of tracing paper and was instructed to "place the tracing paper over your floor plan and asked to indicate an area or areas of clutter using an "X" within the drawn space". They were then instructed to trace the outline of the room on the tracing paper with the black Sharpie® marker. Then divide the square or rectangle into nine equal parts, like a tic-tac-toe." A blank sample of Appendix G was provided. The experimental group participants were then be instructed to "turn your paper so that the entrance of your space is at the bottom of the page, closest to you." The practice of Feng Shui was introduced as "the art of placement" and the bagua mapping system was introduced with a printout of a bagua-inspired map (Appendix G). Participants in the experimental group used this printout to label their own tic-tac-toe tracing paper overlay with the words indicated: the bottom

left corner will be labeled with “wisdom,” the bottom middle with “life’s work,” etc., so that the bagua-inspired map corresponded to their created personal space. The overlay assisted in isolating areas of clutter that may signify where more focus may be needed correlating to issues of family, health, relationships, etc.

Once the control and experimental groups completed their respective artistic processes, both conditions received a blank index card and were asked to “write down any reflection related to this art process -you will have five minutes.” Participants were asked to return their writings and art to the researcher. All participants completed the RSES and CALM self-report measures a second time, which were collected and placed in their corresponding coded folders. At the conclusion of the study, participants received a debriefing form (Appendix D) to clarify the purpose of the study and had an opportunity to ask any questions.

Results

Descriptive Statistics

A total of 33 participants (see Table 1) aged between 38 and 62 years ($M = 48.90$, $SD = 6.55$) took part in the study. The majority of participants were white, had higher education, worked full-time, and owned their homes. Scores on the pre Total Calm ranged from 0 to 27 ($M = 6.88$, $SD = 6.55$) and on the post Total Calm ranged from 0 to 16 ($M = 3.03$, $SD = 3.84$). Scores on the pre–Total RSES ranged from 23 to 39 ($M = 30.85$, $SD = 4.59$) and on the post Total RSES ranged from 24 to 40 ($M = 31.33$, $SD = 4.73$).

Inferential Statistics

Paired-sample t-tests were conducted to compare the decrease in Total CALM scores, and increase in RSES scores, from pre- to post-intervention for both the experimental group and the control group. A significant decrease in CALM scores was found pre ($M = 6.39$; $SD = 5.98$)

to post ($M = 2.72$; $SD = 3.86$) for the experimental group, $t(17) = 4.34$, $p < .001$, with a Cohen's d of 1.02. A strong effect size was observed. No significant increase in RSES scores were found from pre ($M = 30.94$; $SD = 4.80$) to post ($M = 31.00$; $SD = 4.68$) for the experimental group, $t(17) = .071$, $p < .472$, with a Cohen's d of .017.

In addition, a significant decrease in CALM scores was found pre ($M = 7.47$; $SD = 5.98$) to post ($M = 3.40$; $SD = 3.91$) for the control group, $t(14) = 3.08$, $p = .004$, with a Cohen's d of .794, showing a strong effect size. No significant increase in RSES scores were found from pre ($M = 30.73$; $SD = 4.50$) to post ($M = 31.73$; $SD = 4.92$) for the control group, $t(14) = 1.45$, $p < .085$, with a Cohen's d of .374.

Finally, independent t -tests were conducted to see if there were differences between groups on their change in scores on the CALM and RSES. No significant difference was found on the change in CALM scores between the experimental ($M = 3.67$, $SD = 3.58$) and control groups ($M = 4.07$, $SD = 5.12$), $t(31) = .263$, $p = .397$, with a Cohen's $d = .092$. Similarly, no significant difference was found on the change in RSES scores between the experimental ($M = .06$, $SD = 3.31$) and control groups ($M = 1$, $SD = 2.67$), $t(31) = .888$, Cohen's $d = .310$.

Discussion

Although there was no significant change in the pre and post RSES measure scores between the control and the experimental group, the results of the study support part of the hypothesis. For women in both conditions of this study, constructing a two-dimensional art-based model of a personal space showed a significant decrease in anxiety and increase in self-esteem. Further, there was a significant decrease in state anxiety among all participants reflected in the CALM scores. However, there was no significant difference in the scores of the CALM measure between the control and the experimental group. Drawing a bird's eye view of a

personal space seemed to be an important creative act for the reduction of trait anxiety among participants. The hypothesis was not supported in that the application of the Feng Shui bagua did not contribute to a lower state anxiety score.

The first five participants were randomized into the experimental group with subsequent groups of three or more placed in the alternating condition. A total of 33 participants (see Table 1) ranging in ages from 38-62 ($M = 48.90$, $SD = 6.55$) took part in the study. The participants were predominantly white, most had a higher education, worked full-time, and owned their home. The participant pool made up eight groups in total with seven groups containing members who knew each other well and had organized themselves in order to participate in the study. Making art in groups has been shown to lower anxiety (Fenner et al, (2019) due to emphasis on relational aesthetics (Moon & Lachman, 2001) as a key therapeutic factor in most group work. This dynamic quality emerges from the interactions between group members, their artworks, and the relationship with the therapist(s). This concept is central when relationships play a crucial role in artistic practices (Fenner et al, 2019; Moon & Lachman, 2001). In particular, a study conducted by Fenner et al. (2019) showed that group art therapy fostered individual choice and agency, provided support and attention, and helped participants feel understood by others. The last group was assembled by the researcher and the individuals did not have a former relationship to each other. The CALM scores from the last group exhibited less change between the pre and post scores suggesting that making art in a group of familiar people could be an important element for decreasing anxiety among the study's participants.

Besides the familiarity of participants in the first seven groups, many factors may have contributed to the significant change scores within the control and experimental groups. For instance, both groups received a guided imagery exercise that incorporated mindfulness and

breathwork. Beerse et al, (2020) stated art therapy and mindfulness practices have complementary effects on neurological and biological processes as well as mental health. Furthermore, the importance of guided imagery could prove especially helpful for those who are unable or averse to art making. One participant shared, “Hard not to get caught up in the actual ability to draw and feeling less adequate because of it. It feels like while some normal underlying concerns, feelings, worries were diminished, some were brought more to the surface.” Despite this report, this participant had a significant change score of 10 points on the CALM measure, which may have been a contribution of the mindfulness activity. Guided imagery techniques have been shown to be effective in assisting individuals in learning or modifying behaviors such as: offering relaxation; managing and controlling negative emotions in response to situations like job loss, death, or financial problems; coping with challenging circumstances; increasing motivation; and exploring strategies to handle stress or anxiety-inducing situations (Bigham et al., 2014; & Guided Imagery Therapy, 2007).

Mapping a familiar space may also have contributed to the reduction in anxiety within this study. Iverson (2023) found that creating a personal space is linked to increased self-esteem and relief from anxiety symptoms. Although not an art therapist, Iverson observed that the map-making process supported expressive and emotional experiences, providing the study’s participants with insight and empowerment (p.155). Additionally, Iverson noted that allowing participants to contribute to the planning of space may have increased feelings that their individual opinions were valued. The process of map-making invited in the study enabled exploration of a personal sense of place with the house symbol particularly illustrating aspects of an individual's self-identity.

An informal review of the artwork provided insights into creative indicators that may have supported individual change scores in both the experimental and control groups. For instance, the highest change score in the experimental group for the CALM measure showed a difference of 18 points from pre to posttest. This participant created an image (Figure 1) of her in-home music studio. She depicted music and light with musical notes and sweeping lines. She also included musical instruments in her drawing. The participant created a very detailed drawing of her space relating to the higher end of scoring on scale #10- Details of Objects and Environment on the FEATS scale. Her line quality was also expressive and fluid indicating a higher score on the FEATS Scale #11-Line Quality. Because the participant is a professional musician, there may have a strong sense of identity with her musical instruments and music studio. This may have contributed to the lowering of her CALM score, too.

The highest change score in the control group for the CALM measure showed a difference of 24 points from pre to posttest. This participant created an image (Figure 2) of her in-home office. While creating her drawing, she used an index card as a ruler to create straight lines. She added words with significant meaning to her to create a border, emphasizing them with black sharpie, while the rest of her drawing was in pencil. She shared the following written reflection: "Focusing on a specific task (drawing my office space) was very calming and I was able to shut off my brain for a while. The short breathing exercise was helpful to get into the right mindset too." Not only did this participant identify benefits of combining a mindfulness exercise and drawing activity, but this reflection also suggests meaning making. Reynolds, Lim, and Prior (2008) confirmed that people who practice artmaking at an amateur level do sometimes attribute symbolic meanings to specific pieces and found in their study the focus on memory and meaning-making revealed the complexity of their participants' journeys and showed that

therapeutic art-making could give meaning not just as a singular experience, but that brief experiences of artmaking may continue to have significance in women's life stories as an important element of the process.

Overall, this study underscores the importance of group work in art therapy as an effective method to reduce anxiety. Group therapy has been demonstrated to be beneficial for individuals, fostering a sense of rapport within the group that contributes to building community and a sense of belonging. For the participants in this study, the more familiar they were with each other, the more significant changes occurred from pre to post scores. This sense of community enhances the therapeutic efficacy of art-making activities, suggesting that group settings can provide a supportive environment for individuals navigating anxiety and life transitions.

Several limitations of this study also provide options for future research. For instance, because one group was comprised of individuals who did not know each other, it was difficult to ascertain whether this was a truly significant issue in comparison to the other groups. There could be value in recreating a study of participants who have no prior knowledge of each other or, perhaps, conducting a study comprised exclusively of individuals. Both groups made art; however, the inclusion of a third group that does not make art at all would provide an additional dimension to the findings. The RSES was not the most suitable tool for measuring the participants' self-concept. Instead, a measure that assesses the state of one's sense of agency could be more effective. It is unclear whether the reduction in anxiety was due to the group artmaking or the intervention itself. Further research is needed to distinguish the specific effects of each component.

Conclusion

This current study looked at the impact of constructing a two-dimensional art-based model of personal space on anxiety and self-esteem in women undergoing life transitions. Although no significant changes were found in RSES scores between the control and experimental groups, the hypothesis that this activity could reduce anxiety and enhance self-esteem was partially supported by a significant decrease in state anxiety as indicated by CALM scores among participants in both groups. However, there was no significant difference in CALM scores between the groups, suggesting that other factors, such as the guided imagery exercise (which incorporated mindfulness and breath work), group art making, and mapping a familiar space might have contributed to the reduction in anxiety. The findings highlight the therapeutic power of group art therapy in lowering anxiety and fostering a sense of community and belonging. Future research should consider individual-based studies, include a non-art-making control group, and employ measures that better assess participants' sense of agency. Further investigation is needed to isolate the specific effects of group artmaking versus the intervention itself.

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Appendix A Informed Consent Form

This study is being conducted as part of the requirements for the completion of the Master of Arts in Art Therapy and Counseling degree at Albertus Magnus College. The purpose of this study is to investigate an art-based process and its relationship to the overall impact of a personal living space on an individual's well-being. Please note that your art-making abilities are not a factor in this study.

During this study, you will be asked to complete a demographic form and questionnaires involving emotional state and self-awareness and take part in an art making activity. You will also be provided an opportunity to write any reflections after completion of the art process, and will be provided with more details at the end of the study during a brief discussion. Participation in this study is confidential. The total session is expected to take approximately 60 minutes. All information collected will remain private and confidential without use of your name.

This is a completely voluntary study, and you are able to withdraw at any time if you no longer want to participate for any reason. There are minimal anticipated risks for participating in this study such as possible frustration with art-making or possible negative feelings from drawing or questions on the survey. The benefits of participating in this study may include enjoying an art making activity as well as helping a graduate student complete her thesis requirement and contributing to research in the field of art therapy. You may also enjoy the art activities and learn something new about yourself. The Institutional Review Board (IRB) at Albertus Magnus College has approved this study.

Please inform the researcher if you have any allergies to art materials such as colored pencils or erasers. If you have any questions or concerns about this study, you may contact the following individuals:

The Investigator: Amy McNamara amcnamara@albertus.edu

Thesis Advisor: Rebecca Arnold, Ph.D. rarnold@albertus.edu

Or:

Internal Review Board Chair: IRB@albertus.edu

By signing this form, I acknowledge that I am 18 years of age or older, have read and understand the study described above, had any questions addressed, and agree to participate.

Print name _____

Signature _____ Date _____

☐ I have received a copy of this form to keep for myself.

Appendix B Image Release Form

You are being asked to allow the investigator to photograph your artwork to be used educational purposed including for this research study.

Please note that the artwork that you create during this study will remain confidential.

Photographs of the artwork will only be taken with your consent and will not contain any identifying information.

Please check off your preference below for sharing photographs of your artwork:

☐ I agree to have my artwork photographed.

I agree that photographed images of my artwork can be shared for:

- ☐ educational purposes
- ☐ professional publications
- ☐ presentations at professional conferences
- ☐ training purposes

☐ I DO NOT agree to share images of my artwork beyond the research study for professional purposes.

I hereby give consent as noted above for sharing photographs of my artwork outside the research study.

Name (print): _____

Signature: _____ Date: _____

____ I received a copy of this form for my record

Please note that once images have been disseminated publicly, they may be difficult or impossible to obtain should you change your mind.

Appendix C
Demographic Form

Age _____

Number of children _____

Pregnant: Yes No

Please put a check next to your selection:

**Which gender is most consistent with
how you identify?**

- ☐ Cisgender woman
- ☐ Transgender woman
- ☐ Non-binary
- ☐ Genderqueer
- ☐ Self-describe _____
- ☐ Prefer not to respond

How do you identify your ethnicity:

- ☐ Hispanic or Latino
- ☐ Not Hispanic or Latino
- ☐ Not listed _____
- ☐ Prefer not to respond

Which race you most identify with:

- ☐ Asian
- ☐ Black / African American
- ☐ Native American
- ☐ Pacific Islander
- ☐ White / Caucasian
- ☐ Self-describe _____
- ☐ Prefer not to respond

What is your marital status?

- ☐ single
- ☐ married
- ☐ separated
- ☐ divorced
- ☐ self -describe _____

Please select how many significant changes in the way you live and/or how you experience yourself in the past year?

- ☐ 0

- ☐ 1-2
- ☐ 3-4
- ☐ 5 or more

What is your housing status?

- ☐ Rent
- ☐ Own
- ☐ Roommates
- ☐ Family
- ☐ not listed _____

Years at current address _____

Please check your highest education level:

- ☐ High school
- ☐ Some college
- ☐ Associate's degree
- ☐ Bachelor's degree
- ☐ Master's degree
- ☐ Doctorate degree
- ☐ Not listed _____
- ☐ Prefer not to respond

Please check your current employment status:

- ☐ Full-time employed
- ☐ Part-time employed
- ☐ Homemaker
- ☐ Not employed
- ☐ Not listed _____
- ☐ Prefer not to respond

Appendix D
Debriefing Form

The purpose of this study was to examine the relationship between the art-based process (draw a bird's eye view of a personal space) and women's levels of self-esteem and anxiety. For this study, participants were randomized into two conditions that included art making, with an additional bagua map overlay being part of the experimental group. The Current Anxiety

Level Measure (CALM) was used to measure state anxiety levels and the Rosenberg Self-Esteem Scale (RSES) was utilized to assess participants' levels of self-esteem/self-worth.

While it is expected that both groups will benefit from the art-process, the hypothesis is that participants in the experimental group will have a greater increase in feelings of self-esteem and a significant decrease in anxiety than those in the control condition.

Please refrain from sharing the details of the study with others. It is possible that having this knowledge beforehand will distort any future participants' responses to the measures.

Little to no risks are anticipated from participating in this study; however, if you have experienced anything beyond a mild, transitory negative response, the following list of resources has been created for you to obtain support after the study:

Cornell Scott – Hill Health Center Dixwell at (203) 503-3000
Connecticut Mental Health Center at (203) 974-7300

If you are a student at Albertus Magnus College, you may contact the Albertus Magnus College Counseling Center at (203) 773-8149 or counseling@albertus.edu

If you want to know the results of this study, please give the researcher your email address. Please note that results can only be provided in aggregate.

For more information about art therapy: The Art Therapy Association, www.arttherapy.org

For more information about Clearing Clutter and Feng Shui:

Kingston, K. (1999). *Clear your clutter with Feng Shui*. Broadway Books.

Gibby-Peters, A. (Host). *House Therapy*. Simple Shui. <https://simpleshui.com/podcasts>

Thank you for your voluntary participation in this study!

Amy McNamara

amcnamara@albertus.edu

Appendix F

Guided Imagery Exercise

1. Please find a comfortable position in your chair, feet flat on the ground, hands gently resting in your lap. You may choose to close your eyes or have a soft gaze in front of you. (pause)

Let's take 3 deep breaths, breathing in for a count of 4, briefly hold --- and exhale for a count of 6. (pause) And again, breathing in 1-2-3-4 – hold; and out 1-2-3-4-5-6. Once more on your own. (pause)

2. Feel yourself sitting in the chair. (pause)

Now I would like to invite you to visualize a personal space that you currently use in your home or workplace. Imagine standing in the center of this space. (pause)

Using your mind's eye - notice your feet on the floor in your personal space. What type of flooring is there? Is it soft, hard, smooth, or textured?

You don't need to say out loud what you notice in the space you chose, just keep your observations in your memory. (pause)

Now gently imagine letting your eyes drift up to notice what is in front of you in your imagined space. What do you see? A wall, a window, furniture? What colors, what fabrics, what finishes do you observe? (pause)

As you imagine yourself gently turning to your right, continue to take in this personal space. Take your time noticing the quality of light, temperature, smell and how you feel in this space. (pause)

Slowly keep looking around your space until you find yourself back to where you started; taking in any last details you want to remember. (pause)

3. Now, start feeling your breath again as you inhale and exhale. (pause)

Feel yourself sitting in the chair, back in this room. When you are ready, slowly open your eyes.

4. Using the paper and drawing materials in front of you, please draw a bird's eye view or floor plan of the personal space you imagined. You may add as many details as you would like. It does not need to be perfect. You will have 30 minutes.

(After 30 minutes has passed) – Using the fine Black Sharpie®, place an X in any areas that contain clutter or appear over-filled.

Appendix G Bagua-Inspired Map

Abundance	Reputation	Relationships
Family	Health	Creativity
Wisdom	Life's Work	Unseen Guidance & Help



Are you a woman going through
a life transition?



This study may be a good fit for you if you are:

- a woman between the ages of 37-58
- curious about art making
- experiencing a life transition:
 - separation/ divorce/ new relationship
 - children leaving home/ change in living arrangements
 - peri-menopause/ health changes
 - career change

The study will include questionnaires, art-based process & a brief written reflection
Take approximately 60 minutes to complete.
and will take place in a private and confidential location

To take part in this study/ more info please email Amy McNamara at amcnamara@albertus.edu



Amy McNamara, principle researcher, Masters of Arts in Art Therapy & Counseling graduate student
Albertus Magnus College • 700 Prospect Street • New Haven, CT 06511 • Study IRB#: XXXXXXX

Figure 1 (experimental)

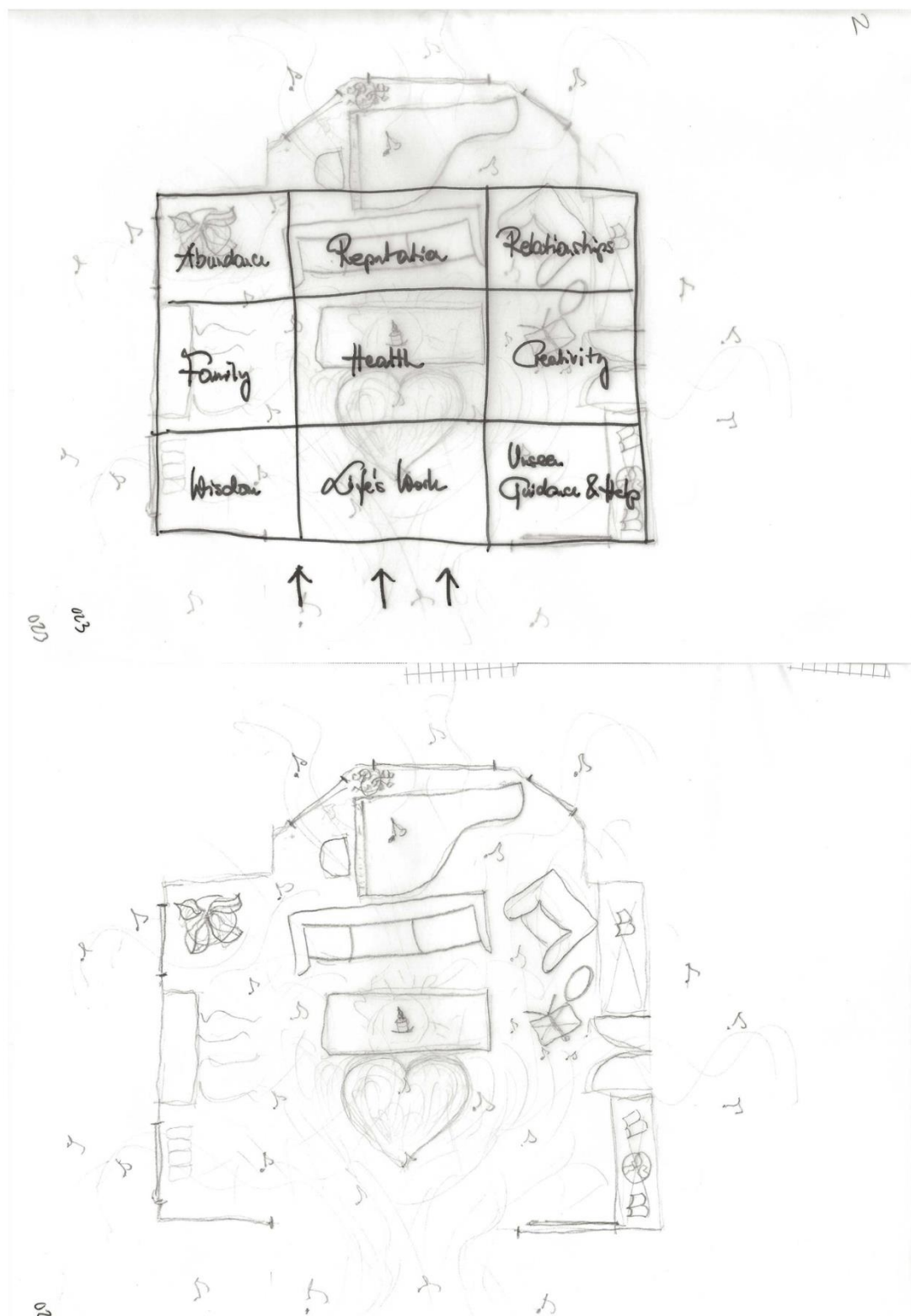


Figure 2 (control)

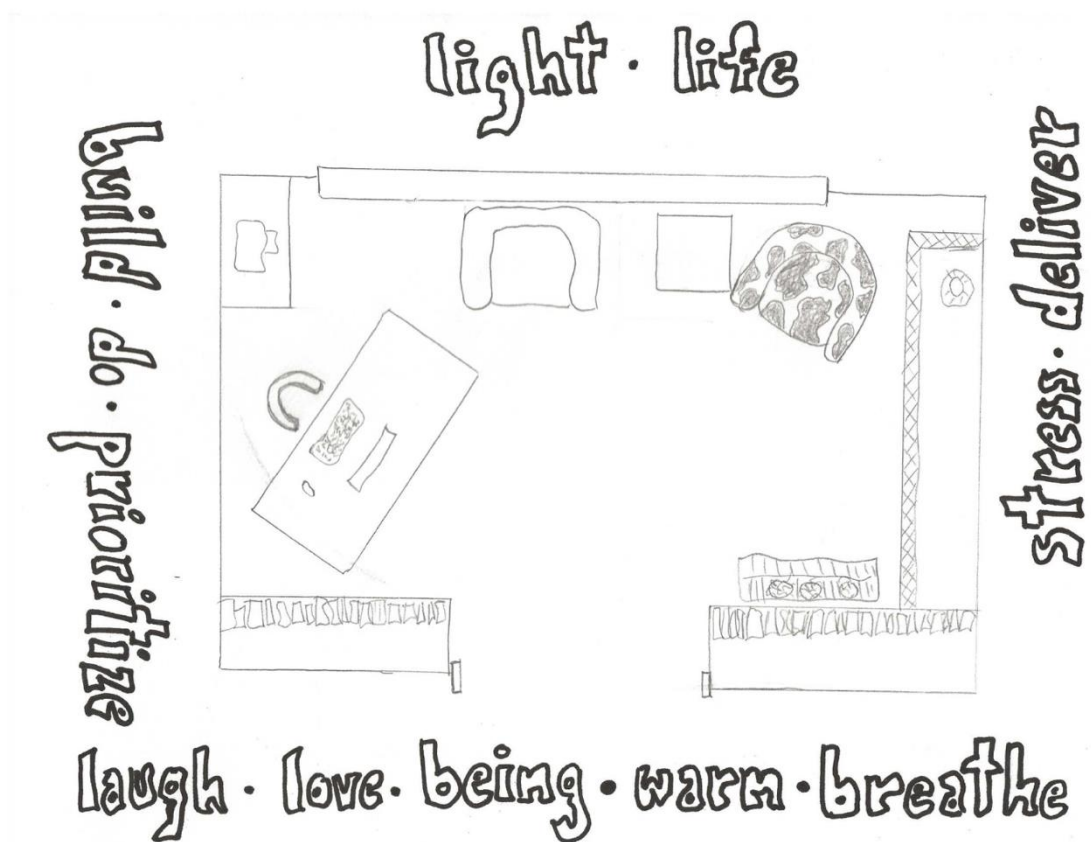


Table 1

Demographic Characteristics of Participants

Characteristic	n	%
Number of Children		
0	9	27
1	6	18
2	12	36
3	5	15
4	1	3
Ethnicity		
Non-Hispanic	30	90
Hispanic		
Not listed	3	9
Race		
White	30	90
Korean/ Asian	2	6
Native American	1	3
Marital Status		
Divorced	11	33
Single	6	18
Married	15	45
Gender		
Cisgender	33	100
Life transitions in past year		
0	4	12
1-2	15	45
3-4	10	30
5 or more	4	12
Pregnant	0	
Housing status		
Rent	4	12
Own	27	81
Family	1	3
Education		
High school	3	9
Some college	4	12
Associate's degree	1	3
Bachelor's degree	8	24
Master's degree	11	33
Doctorate	5	15
Employment status		
Full-time	19	58
Part-time	5	15

Homemaker	3	9
Self-employed	4	12
Not employed	1	3

Age range: 38-62, (M=48.90, SD=6.55)